

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11317**

FILED APR 23 1940

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 hrs (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME RUTH ELLEN FRIEND 653

8. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 8. (c) Social Security No. now

4. Sex 2 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 14 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 6 1 hr. \_\_\_\_\_ min.

9. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name John C. Winscott 0

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Belle Hellogg 5

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Winscott

(b) Address Seneca Mo. R. 2

17. (a) Seneca Mo. (b) Date thereof 3-6-1940  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director Bill Duggard

(b) Address Seneca Mo. 372

19. (a) 3-27-40 (b) Ed A. Jurne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa  
(c) City or town Seneca Mo. R. 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1940 hour 6 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/4 1940 to 3/5 1940  
that I last saw her alive on 3/5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
John Pneumonia 20

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John C. Winscott (M. D. or other) \_\_\_\_\_

Address Joplin, Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19  
7  
5

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED.

District Health Officer No. 6,

File Number 440-1025

Date Filed APR 10 1940

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Not Embalmed

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

R. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.